

Form-36 (38%) questionnaires. Eleven studies (21%) used more than one QoL tool. Whilst all studies measured post-operative QoL, 71% included pre-operative measurements. Post-operative follow-up ranged from 8 hours to 100 months. Twenty-one (40%) studies used disease-specific instruments.

Conclusion: Multiple QoL instruments are used following laparoscopic cholecystectomy with no standardisation in study design, instruments, or follow-up. We suggest adopting a single disease-specific instrument such as GIGLI, which has been validated in laparoscopic cholecystectomies, with further standardisation to enable better study comparisons and informed treatment choices by both clinicians and patients.

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0465: ASSESSING PATIENT KNOWLEDGE OF THE BARIATRIC PROTOCOL PERI-SURGERY

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Aim: To identify whether patients undergoing bariatric procedures are familiar with the peri-operative bariatric protocol. Evidence has shown bariatric outcomes are dependent on patient compliance to the protocol.

Method: Data was prospectively collected over 5 months from patients undergoing bariatric procedures using a questionnaire, on the day of surgery or day one post operatively.

Result: 50 patients of which 27 had sleeve gastrectomies and 23 had gastric bypass procedures completed the questionnaire with a mean age of 48 years. 24% of patients were non-adherent to their liver shrinking diet, 72% thought NSAIDs could be taken post procedure, only 14% of patients were aware of the correct fluid intake post procedure with 30% unsure of dietary restrictions. Only 38% of patients were aware of expected weight loss post procedure.

Conclusion: A large proportion of patients undergoing bariatric surgery do not have adequate knowledge of the bariatric protocol. This may be a result of patients overloaded with information at clinic and the current information booklet being unclear. Subsequently, service changes were produced with a new information booklet created and a new bariatric application for mobiles phones currently being developed. Currently re-auditing interventions and closed loop results will be complete by conference.

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0485: HYPERBILIRUBINEMIA AND NEUTROPHIL PERCENTAGE AS MARKERS FOR APPENDICITIS: CAN THEY BE USED AS PREDICTIVE VALUES FOR SEVERITY OF APPENDICITIS

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Aim: Randomised controlled trials are increasingly showing that conservative management is an appropriate treatment option in patients with non-complicated appendicitis. The aim of this study was to establish whether hyperbilirubinemia and raised neutrophil percentage were predictive parameters in the prediction of inflamed, gangrenous or perforated appendicitis compared with white cell count (WCC), C-reactive protein (CRP), alanine transaminase (ALT) and alkaline phosphatase (ALP).

Method: Patients who underwent appendicectomy between February 2012 and March 2015 were identified from electronic records. Data regarding demographic details, preoperative blood levels, intraoperative and histological findings were evaluated. Cases were grouped according to histological diagnosis. Comparison between groups made using a paired t-test. $P < 0.05$ was accepted as statistically significant.

Result: The study group consisted of 206 patients (median age = 30.5) (6–85). In patients with a histologically abnormal appendix, mean bilirubin was 18.6 (13.5 in histologically normal appendix) with a 95% confidence interval ($p=0.0039$). Mean neutrophil % was 77.7 (71.3 in histologically normal appendix) with a 95% confidence interval ($p=0.0005$). WCC, CRP, ALT and ALP were not shown to be statistically significant in this study.

Conclusion: Hyperbilirubinaemia as well as Neutrophil percentage may be considered as an important marker for the prediction of abnormal appendiceal morphology.

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0487: INVESTIGATION INTO THE DEMAND FOR A 'HOT GALLBLADDER LIST' AT GOOD HOPE HOSPITAL

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Aim: Prior audit within the surgical department has shown that elective Laparoscopic Cholecystectomies are not being performed within the timeframe set out by current guidelines. A method of implementing and the demand for a 'Hot Gallbladder List'(HGBL) were investigated.

Method: All of the emergency admissions of gallstone disease over a four-week period were included. The patients were classified into groups based on their co-morbidities and the severity of their illness, 1 being the simple cases and 3 the most complex. Those patients fit for surgery and in groups 1–2 were deemed suitable for the 'HGBL'.

Result: 37 patients were admitted over the four weeks. The diagnosis of the patients included cholecystitis (49%), biliary colic(19%), pancreatitis(13%), Cholangitis(11%), choledocholithiasis (8%). Eight patients had inpatient operations, eleven were booked elective operations, thirteen reviewed in outpatients and five had no follow up. Of these patients eleven were suitable for the 'HGBL'. Reasons for patients not being suitable for the list included being unfit for surgery(16%), category 3 patients(30%), long duration of symptoms(8%), requiring outpatient review(21%) or requiring further investigations(3%).

Conclusion: There is demand for two 'HGBL' per week in Good Hope hospital. This will be implemented to reduce elective waiting times for Laparoscopic Cholecystectomies.

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0621: FACTORS PREDICTING COMPLICATED CHOLECYSTECTOMIES

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Aim: The aim of study is to assess factors which may predict complicated laparoscopic cholecystectomies in order to allocate patients to the appropriate hospital for surgery.

Method: This was a retrospective analysis of 94 patients who had elective laparoscopic cholecystectomy between May 2013 to December 2013. Complex procedures were defined as those with duration of surgery longer than 1.5 times the average time for each consultant or those in whom a drain had to be inserted as part of procedure. Factors assessed were radiological findings, disease factors, and previous interventional procedures.

Result: There was no significant difference in average time for a day case procedure between consultants ($p=0.468$). On univariate analysis, significant factors were sphincterotomy ($p=0.000$), ERCP($p=0.001$), stent($p=0.003$), cholangitis($p=0.010$), previous cholecystitis($p=0.011$), obstructive jaundice($p=0.012$), elevated ALP($p=0.012$), and dilated common bile duct(CBD) found on MRCP($p=0.022$). On multivariate analysis, significant factors were sphincterectomy($p=0.000$), ERCP($p=0.001$), stent($p=0.003$), obstructive jaundice($p=0.018$), previous cholecystitis($p=0.022$), elevated ALP($p=0.028$), cholangitis($p=0.035$), and a CBD stone found on MRCP($p=0.049$).

Conclusion: Patients who have these factors can be expected to have a difficult laparoscopic cholecystectomy and should therefore not be done in